

INsite v. 3.7b Release Notes

June 26, 2009



Note: the Dead Line for applying this patch is July 3, 2009. Any CCB's finalized with an earlier version of INsite on or after that date will be automatically denied when received at the State.

Please read these release notes in their entirety

A&D – Respite (applies to all case managers)

For A&D, effective July 1, 2009 the limits for respite nursing (RNUR) and respite home health aide (RHHA) are changing.

- ✓ For dates of service **prior** to 7/1/2009 there is still a combined limit of 60 hours per month. That is the combination of RNUR and RHHA can't exceed 60 hours in any given month.
- ✓ For dates of service of 7/1/2009 and after the combined limit is 720 hours per 12 months (per year). Thus, some months can exceed the current 60 hour limit. Often CCBs are for less than a year. The 720 hours will be 'pro-rated' for the time of the CCB from 7/1/2009 and after. That pro-rated amount will then be compared to the hours on the CCB from 7/1/2009 to the end of the CCB.

A&D – Level of Care (applies to just AAA case managers)

Effective, July 1, 2009 the Area Agencies on Aging can approve locally all A&D Levels of Care. The Division of Aging will continue to approve Levels of Care submitted by IPMG and Independent Case Managers.

Removing and adding services (applies to all case managers)

For **all** waivers, a new ‘soft warning’ will display if an update CCB adds a service that didn’t appear on the previous CCB or if a service is dropped completely from the update CCB. For example, assume a CCB has 1,000 hours of residential habilitation level 1 (RH1O) and no hours of residential habilitation level 2 (RH2O). If an update CCB entirely removes RH1O and level 2 (RH2O) takes its place, the case manager will receive a warning that RH1O has been dropped and RH2O has been added. Similarly, if a CCB has no RHHA but an update CCB adds RHHA, the case manager will receive a warning that RHHA has been added. These warnings will occur when the CCB is finalized. These types of changes are permitted; however, we just want to be sure that is the case manager’s intent and to be sure they explain that type of change adequately. When the Waiver Specialists review a CCB, they will also receive the warning messages to call their attention to those types of service changes.

Vehicle Modification Maintenance (VMOM) Service (applies to all case managers)

The VMOM service has been added for all the waivers. The limit is \$500 per year. An RFA will be required. Before adding VMOM, the client must have had a Vehicle Modification Installation (VMOD) on an approved CCB.

PDF Printing (applies to all case managers)

As technology has evolved, it has affected the PDF printing capability within INsite. Those using CITRIX connections for their case managers and those using Windows VISTA have been unable to utilize the INsite PDF feature. We have upgraded the PDF printer driver utilized by INsite and have updated all the routines that utilize that driver. If you have Vista systems or utilize CITRIX you may want to consider installing the upgrade. If you currently don’t utilize those operating environments, there is no need to upgrade. A separate set of instructions have been prepared to guide you through the process of upgrading. Those instructions are in the Release Notes – Miscellaneous INsite Help section. The title of the document is ‘Installation Instructions – New PDF Driver’.

A special thanks to Area 6 and Area 8 for testing this upgrade over the last few weeks.

Exporting of Case Note Narrative (applies to all case managers except IPMG)

As you may know, for all case managers except IPMG case managers not all the case note narrative you record in INsite is exported to the State. Effective with this update, all client based case note narrative will be exported to the State. There is nothing special you need to do to implement this change. The upgrade will just export the narrative for new case notes. However, the Division of Aging and DDRS are asking that case note narrative for older case notes also be available to them. Thus, we will be contacting the AAAs and Independent Case Managers to obtain a CD of your data so we can extract the narrative for the older case notes and place it on the State's system.

Again, a special thanks to Area 6 and Area 8 for testing this upgrade over the last few weeks.

Exporting of non-waiver (CHOICE, SSBG, Title III) plans of care (applies to AAAs only)

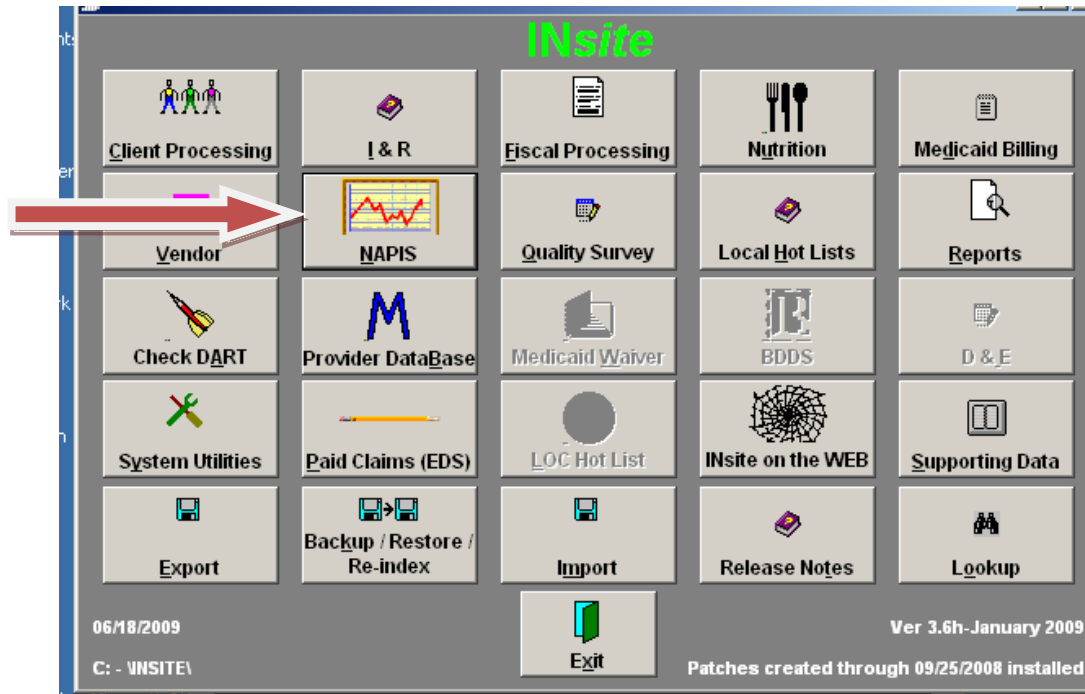
As you may know, your CHOICE, SSBG, and Title III plan of care data has not been exported to the State. The fiscal, NAPIS, and case note activity for those three funding sources has always been exported to the State. The Division of Aging has requested that the care plan data now also be sent to them. Effective with this update, the CHOICE, SSBG, and Title III plans of care will be exported to the State. The export report that lists the plans and services being exported is the 'Worksheets \ Plans of Care Exported' report.

There is nothing special you need to do to implement this change. Worksheet data will NOT get exported to the state.

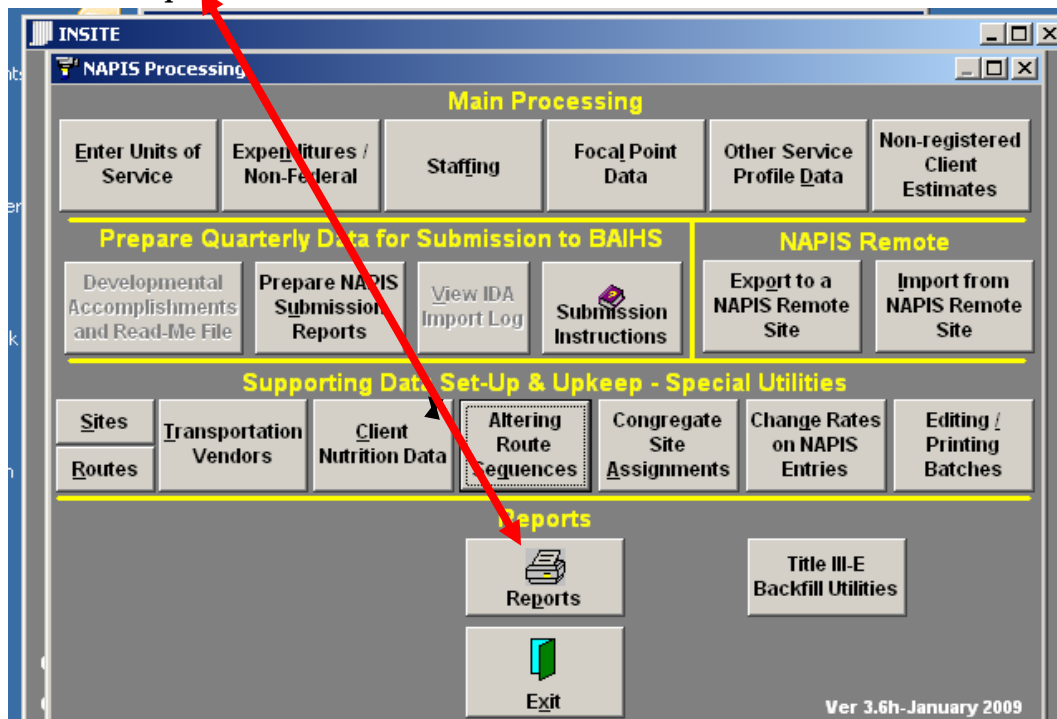
Service Analysis Report (applies only to AAAs)

The Division of Aging will be requiring that the INsite Service Analysis report (in the NAPIS module) be attached to your monthly claims you submit to them. A new 'summary' version of the report has been added with this version of INsite to accommodate that requirement. The Division of Aging will be providing more guidance on this new requirement; however, shown below are the steps required to generate the necessary report.

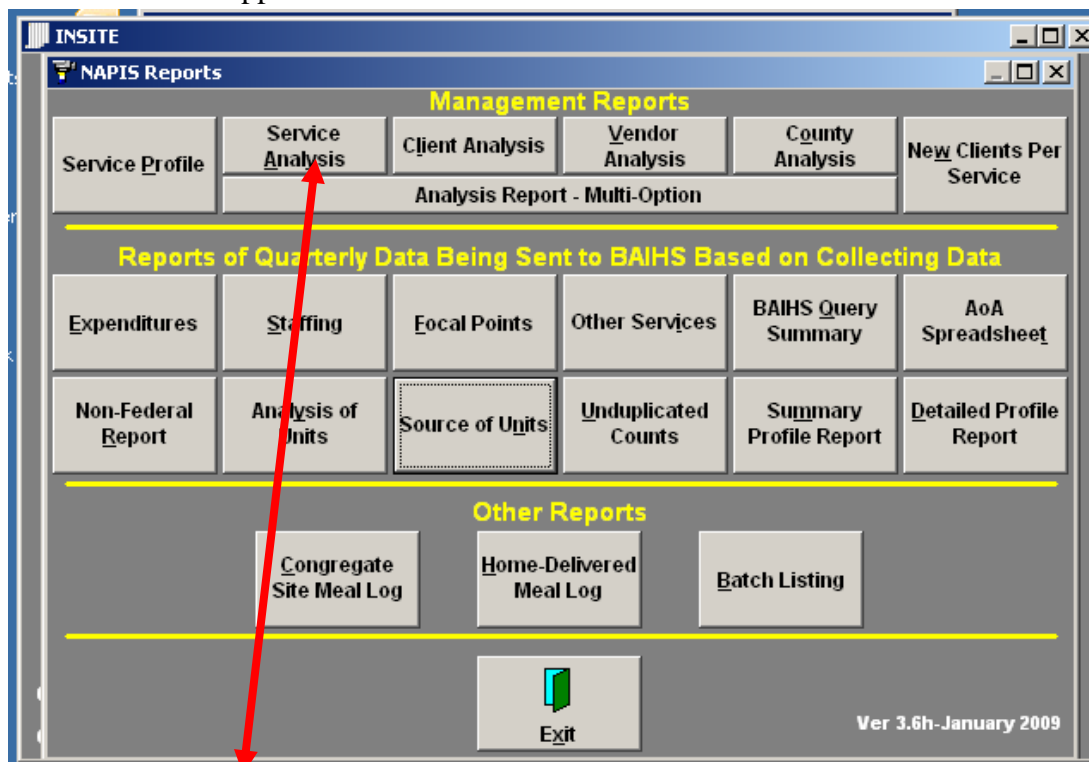
- I. Open INsite
- II. Click on **NAPIS**



III. Click on *Reports*

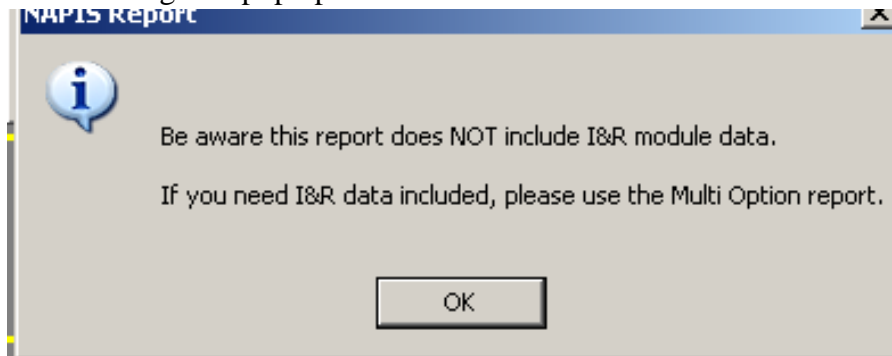


IV. This screen will appear.



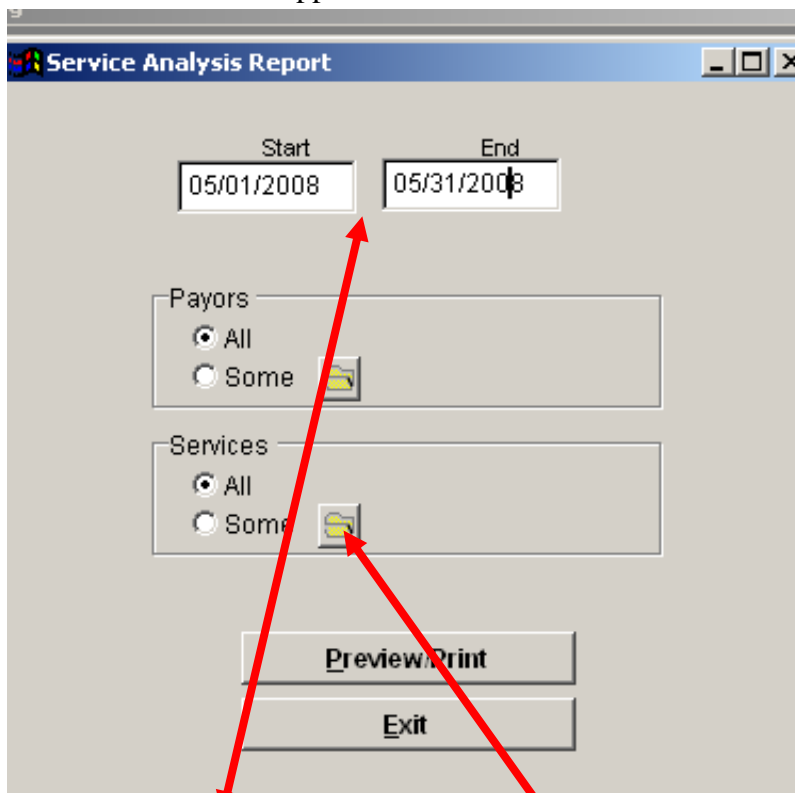
Click on *Service Analysis*.

- V. This warning will pop up.



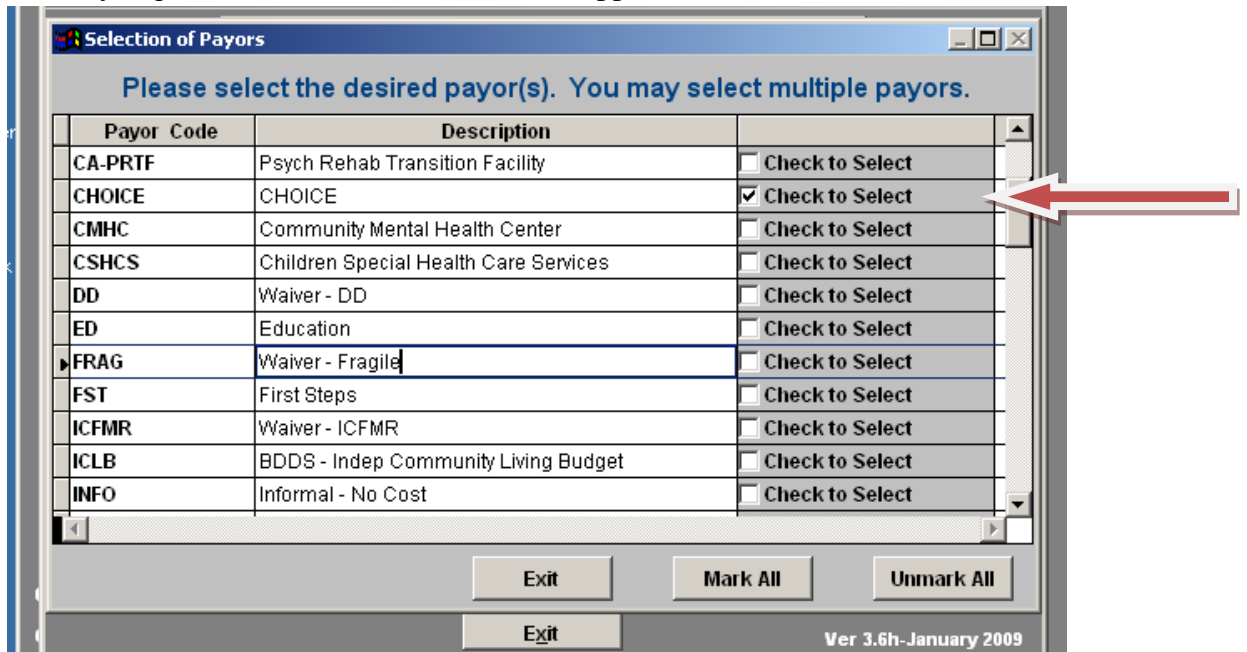
Click **OK**

- VI. This screen will then appear.



Put in the date range of the claim being submitted.
Under **Payors**, click the folder next to **Some**.

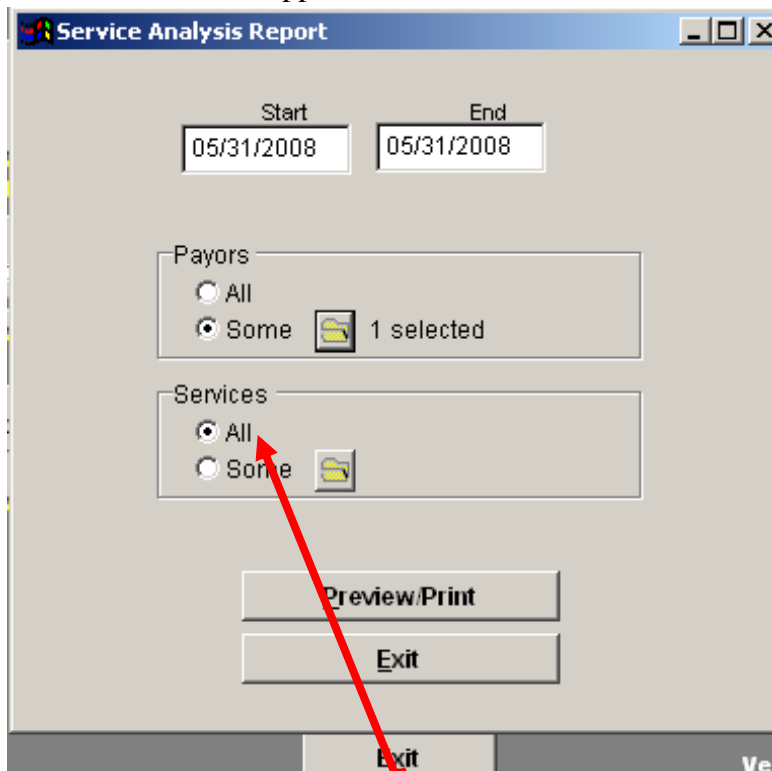
VII. When you press the 'folder' this screen will appear.




Payor Code	Description	Check to Select
CA-PRTF	Psych Rehab Transition Facility	<input type="checkbox"/> Check to Select
CHOICE	CHOICE	<input checked="" type="checkbox"/> Check to Select
CMHC	Community Mental Health Center	<input type="checkbox"/> Check to Select
CSHCS	Children Special Health Care Services	<input type="checkbox"/> Check to Select
DD	Waiver - DD	<input type="checkbox"/> Check to Select
ED	Education	<input type="checkbox"/> Check to Select
FRAG	Waiver - Fragile	<input type="checkbox"/> Check to Select
FST	First Steps	<input type="checkbox"/> Check to Select
ICFMR	Waiver - ICFMR	<input type="checkbox"/> Check to Select
ICLB	BDDS - Indep Community Living Budget	<input type="checkbox"/> Check to Select
INFO	Informal - No Cost	<input type="checkbox"/> Check to Select


Check to Select CHOICE. Exit

VIII. This screen then re-appears



Start: 05/31/2008 End: 05/31/2008

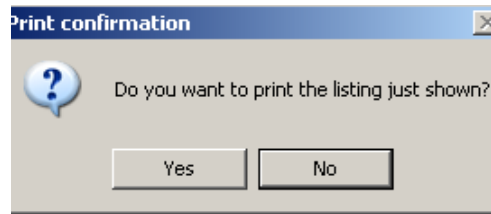
Payors:
☐ All
☒ Some  1 selected

Services:
☒ All
☐ Some 

Preview/Print
Exit

Services should be marked- All.

Click Preview/Print



This pop up will appear.

can be attached and submitted to the monthly claims.

Click **Yes**, to print, so it

XIII. Repeat the above steps to get the report for SSBG.

The "Selection of Payors" dialog box displays a table with the following data:

Payor Code	Description	Check to Select
SL	State Line Item	<input type="checkbox"/>
SLDNG FEE	Sliding Fee	<input type="checkbox"/>
SPEND-CM	Spenddown for Case Mgmt	<input type="checkbox"/>
SPEND-HDM	Spenddown for HDM	<input type="checkbox"/>
SPENDDOWN	Spenddown for Waiver	<input type="checkbox"/>
SSBG	Social Services Block Grant	<input checked="" type="checkbox"/>
SSBG/TI3	Blend SSBG or Title III	<input type="checkbox"/>
SSW	Support Services Waiver	<input type="checkbox"/>
TANF	TANF	<input type="checkbox"/>
TBI	Traumatic Brain Injury	<input type="checkbox"/>
TITIII	Title III	<input type="checkbox"/>

Buttons at the bottom: Exit, Mark All, Unmark All. Version: Ver 3.6h-January 2009.

XIV. Repeat the above steps to get the report for Title III.

The "Selection of Payors" dialog box displays a table with the following data:

Payor Code	Description	Check to Select
SSBG/TI3	Blend SSBG or Title III	<input type="checkbox"/>
SSW	Support Services Waiver	<input type="checkbox"/>
TANF	TANF	<input type="checkbox"/>
TBI	Traumatic Brain Injury	<input type="checkbox"/>
TITIII	Title III	<input checked="" type="checkbox"/>
TITLE3-E	Family Care Giver	<input type="checkbox"/>
TPL	Third Party Liability/Insurance	<input type="checkbox"/>
VA	VETERANS ADMINISTRATION	<input type="checkbox"/>
WALKMEALS	WALK FOR MEALS	<input type="checkbox"/>
WVRADMIN	Waiver Administration	<input type="checkbox"/>
WVRADM_AD	Waiver Admin - A&D	<input type="checkbox"/>

Buttons at the bottom: Exit, Mark All, Unmark All. Version: Ver 3.6h-January 2009.

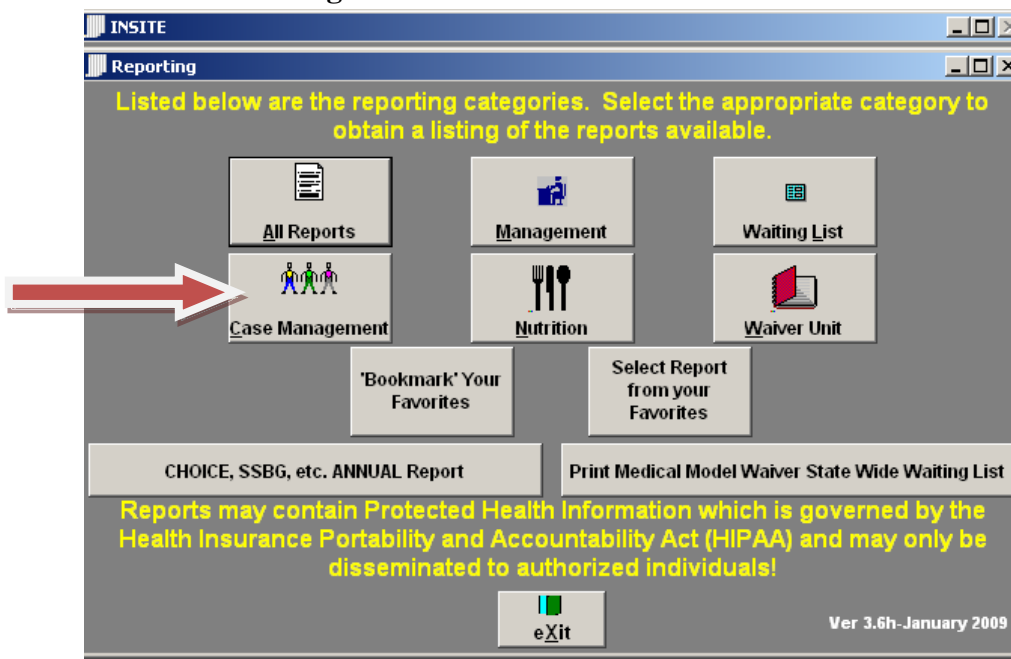
Case Management Time Report (applies only to AAAs)

The Division of Aging will be requiring that the Case Management Time report (in the Reports module) be attached to your monthly claims you submit to them. Changes have been made to the report to accommodate that requirement. The Division of Aging will be providing more guidance on this new requirement; however, shown below are the steps required to generate the necessary report.

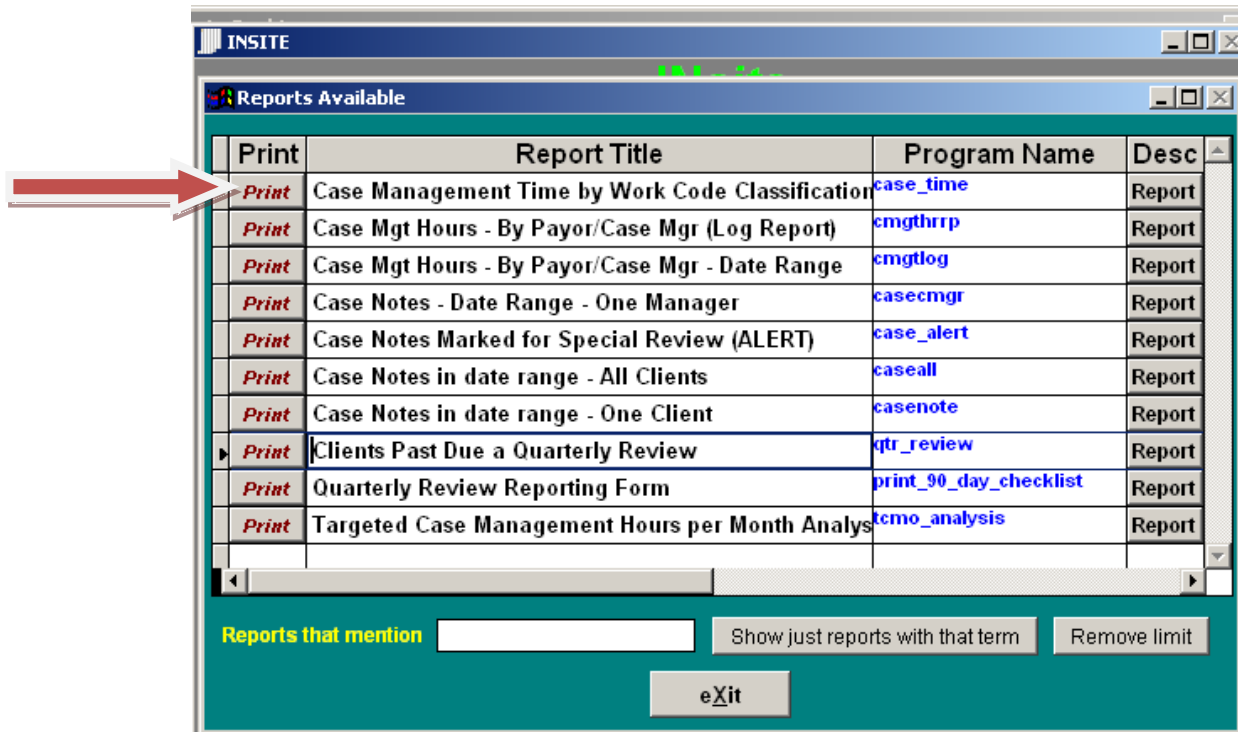
- I. Open INsite
- II. Go to **Reports**



- III. Go to **Case Management**



IV. Go to *Case Management Time by Work Code Classification*. Click on *Print*.



The screenshot shows a window titled "INSITE" with a sub-header "Reports Available". Below this is a table with four columns: "Print", "Report Title", "Program Name", and "Desc". The table lists ten reports. A red arrow points to the "Print" button for the first report, "Case Management Time by Work Code Classification".

Print	Report Title	Program Name	Desc
Print	Case Management Time by Work Code Classification	case_time	Report
Print	Case Mgt Hours - By Payor/Case Mgr (Log Report)	cmgthrrp	Report
Print	Case Mgt Hours - By Payor/Case Mgr - Date Range	cmgtlog	Report
Print	Case Notes - Date Range - One Manager	casecmgr	Report
Print	Case Notes Marked for Special Review (ALERT)	case_alert	Report
Print	Case Notes in date range - All Clients	caseall	Report
Print	Case Notes in date range - One Client	casenote	Report
Print	Clients Past Due a Quarterly Review	qtr_review	Report
Print	Quarterly Review Reporting Form	print_90_day_checklist	Report
Print	Targeted Case Management Hours per Month Analysis	cmo_analysis	Report

Below the table, there is a search section with the text "Reports that mention" followed by a text input field, a button "Show just reports with that term", and a button "Remove limit". At the bottom center is a button labeled "eXit".

V. This screen will appear.

INSITE

Report of Case Management Time Based on Job Classification

This will prepare a report of case management time based on the work code / job classification assigned to the time.

Time to include

ALL Just Time Assigned to Clients Just Non Billable (All) Just Non Billable (To Clients)
Just Non Billable (Non Client)

Date Range From 05/01/2008 Thru 05/31/2008

Case Note Type All All Note Types

Case manager (Leave Blank for ALL) **Work Code (Leave Blank for ALL)**

Payor (Leave Blank for ALL)

Group by Case Manager Yes No **Report Style** Summary Detail

Sort by: Date Activity Client **Print Odometer Readings** Yes No

Print Note Content Yes No

Save as Excel Spreadsheet **eXit**

1. Mark *Just Time Assigned to Clients*
2. Put in the one month date range that relates to the claim being submitted
3. Mark *My Agency*;
4. *Group by Case Manager*-Mark *No*
5. *Sort by*-Activity
6. **Report Style**-Summary. (If you mark detail you will get a listing by client.)
7. Click on *Payor*

VI. This screen will appear.

Payor Code	Description	Check to Select
ALZ	Alzheimers - Special Grant	<input type="checkbox"/>
ALZ2	Alzheimers - Special Grant #2	<input type="checkbox"/>
ICLB	BDDS - Indep Community Living Budget	<input type="checkbox"/>
SSBG/TI3	Blend SSBG or Title III	<input type="checkbox"/>
BLEND_ALL	Blended (CHOICE, SSBG, or TITLE III)	<input type="checkbox"/>
BDDS	Bureau of Developmental Disability Svcs	<input type="checkbox"/>
CHOICE	CHOICE	<input checked="" type="checkbox"/>
CSHCS	Children Special Health Care Services	<input type="checkbox"/>
CMHC	Community Mental Health Center	<input type="checkbox"/>

Check to Select CHOICE. *Exit*

VII. The word COMBO will appear under Payor

INSITE
Report of Case Management Time Based on Job Classification

This will prepare a report of case management time based on the work code / job classification assigned to the time.

Time to include

ALL Just Time Assigned to Clients Just Non Billable (All) Just Non Billable (To Clients)
Just Non Billable (Non Client)

Date Range From 05/01/2008 Thru 05/31/2008

Case Note Type All All Note Types

Case manager (Leave Blank for ALL) Work Code (Leave Blank for ALL)

All My Agency ICM Other Agency Payor (Leave Blank for ALL) COMBO

Group by Case Manager Yes No Report Style Summary Detail

Sort by: Date Activity Client Print Odometer Readings Yes No

Print Note Content Yes No

print Name of Excel Spreadsheet eXit

Click the *print* button.

VIII. **This is the report that you will need to submit with your monthly claims.**

Report of Case Management Time for Work Codes						
Just Client Notes for 05/01/2008 to 05/31/2008 - All Note Types - Our Agency Case Managers - All Work Codes - Selected Payors - CHOICE Summarized						
<i>This document contains Protected Health Information which is governed by the Health Insurance Portability and Accountability Act (HIPAA) and may only be disseminated to authorized individuals!</i>						
Note Type	Payor	Note Date	1/4 Units	Minutes	Mileage	
Annual Assessment / Review of Client				<u>Average</u>	<u>Total</u>	
				<u>Rate</u>	<u>Cost</u>	
Total for ==> Annual Assessment / Review of	153.00	0	0.0	9.48	1,450.44	
Attend meetings				<u>Average</u>	<u>Total</u>	
				<u>Rate</u>	<u>Cost</u>	
Total for ==> Attend meetings	46.00	0	0.0	9.48	436.08	
Face-to-face Review - No \$ Change on POC				<u>Average</u>	<u>Total</u>	
				<u>Rate</u>	<u>Cost</u>	
Total for ==> Face-to-face Review - No \$	402.00	0	0.0	9.48	3,810.96	

IX. Repeat the above steps to get the report for SSBG.

INSITE
Report of Case Management Time Based on Job Classification

Selection of Payors to Invoice
Please select the desired payor(s). You may select multiple payors.

Payor Code	Description	
CA-PRTF	Psych Rehab Transition Facility	<input type="checkbox"/> Check to Select
RLA	Residential Living Allowance	<input type="checkbox"/> Check to Select
SLDNG FEE	Sliding Fee	<input type="checkbox"/> Check to Select
SSBG	Social Services Block Grant	<input checked="" type="checkbox"/> Check to Select
SPEND-CM	Spenddown for Case Mgmt	<input type="checkbox"/> Check to Select
SPEND-HDM	Spenddown for HDM	<input type="checkbox"/> Check to Select
SPENDDOWN	Spenddown for Waiver	<input type="checkbox"/> Check to Select
SL	State Line Item	<input type="checkbox"/> Check to Select
SSW	Support Services Waiver	<input type="checkbox"/> Check to Select
TANF	TANF	<input type="checkbox"/> Check to Select

Contains this: ☐ Review Selections

X. Repeat the same steps to get the report for Title 3

INSITE
Report of Case Management Time Based on Job Classification

Selection of Payors to Invoice
Please select the desired payor(s). You may select multiple payors.

Payor Code	Description	
SPEND-HDM	Spenddown for HDM	<input type="checkbox"/> Check to Select
SPENDDOWN	Spenddown for Waiver	<input type="checkbox"/> Check to Select
SL	State Line Item	<input type="checkbox"/> Check to Select
SSW	Support Services Waiver	<input type="checkbox"/> Check to Select
TANF	TANF	<input type="checkbox"/> Check to Select
TPL	Third Party Liability/Insurance	<input type="checkbox"/> Check to Select
TITIII	Title III	<input checked="" type="checkbox"/> Check to Select
TBI	Traumatic Brain Injury	<input type="checkbox"/> Check to Select
VA	VETERANS ADMINISTRATION	<input type="checkbox"/> Check to Select
WALK FOR MEALS	WALK FOR MEALS	<input type="checkbox"/> Check to Select

Contains this: ☐ Review Selections

- XI. Repeat the steps to get the report for Non-billable hours. Change to ***Just Non Billable (All)***.

INSITE

Report of Case Management Time Based on Job Classification

This will prepare a report of case management time based on the work code / job classification assigned to the time.

Time to include

ALL Just Time Assigned to Clients Just Non Billable (All) Just Non Billable (To Clients)

Just Non Billable (Non Client)

Date Range From 05/01/2008 Thru 05/31/2008

Case Note Type All All Note Types

Case manager (Leave Blank for ALL) Work Code (Leave Blank for ALL)

All My Agency ICM Other Agency Payor (Leave Blank for ALL)

Group by Case Manager Yes No Report Style Summary Detail

Sort by: Date Activity Client Print Odometer Readings Yes No

Print Note Content Yes No

Name of Excel Spreadsheet eXit

State Line Budget Information (applies to IPMG and State Staff)

There are new buttons to now display the state line budgets recorded in DART. The information is displayed 'realtime'. That is, there is a live connection to DART. It is hoped this additional information about the services the client is receiving will assist with the development of the most appropriate Waiver CCB.

The screenshot shows the INSITE Client Processing window. The 'Waiver (Cont.)' tab is selected. The 'State Line Budget Information' button is highlighted with a red arrow. The window displays client information for JAMES W. EARLEY, including SSN 262-53-1120, RID 100136813199, and dates 05/01/2009 to 04/30/2010. Financial data shows HCBC+OMS Costs at \$121,272.08, Total Facility Costs at \$71,239.34, and Amt HCBC > Facility at \$50,032.74. A grid of buttons for various actions is visible, including 'Reflag Decision To Send to Remote', 'Adult Foster Care Checklist', 'Private Hire Attendant Care Checklist', 'Home Visits', 'Put on LOC Hot List', 'State Line Budget Information', 'Blank Slot', 'CCB Exceptions', 'EDS Code for Agency', 'DART DDP', 'Supervisory Review Cmnts', 'Annual Plan Service Amounts', 'Send special IndianaAIM Action Request to OMPP', 'Send special note to AmeriChoice', 'Create WSB CCB', 'Create new Annual CCB', 'OASIS Annual Allocation', and 'Manual Trumping Termination'. The bottom bar includes navigation buttons (First, Next, prev, Last, view), a magnifying glass icon, a printer icon, and buttons for Retrieve, eXit, and V 3.7a.

The new button appears on the Waiver (cont.) tab of client processing. It will only appear for IPMG and state staff, including the Division of Aging staff.

INSITE

General | LOC | Prob/Goal | **HCBC Srvs** | Narrative | Oth Medical | Other Srvs | Signatures | Cost

High Cost Comments | DART Case Activity | **JAMES** | **W** | **EARLEY** | Over Fac Cost Total | **\$-50,033.61**
Waiver Costs | \$116,577 | + Other Medical | \$ 4,695 | - Spend Down | \$ 0

Mo Spend Down | 0.00 | **Liability** | 571.00

Compare CCB to \$ Costs

Code	Description	Rate	Per	POC Units	Cost	Start Date	End Date
BMGO	Behavior Management - Basic	18.20	0.25 HOUR	474.00	8626.80	05/01/2009	04/30/2010
BG10	Behavior Management - Level 1	18.20	0.25 HOUR	21.00	382.20	05/01/2009	04/30/2010
CHIO	Community Habilitation-Indiv	25.00	1.00 HOUR	257.00	6425.00	05/01/2009	04/30/2010
RH20	Res Hab/Supp-Over 35 Hrs/Week	21.00	1.00 HOUR	4380.00	91980.00	05/01/2009	04/30/2010
MUTH	Music Therapy	10.78	0.25 HOUR	426.00	4592.28	05/01/2009	04/30/2010
RETH	Recreational Therapy	10.78	0.25 HOUR	424.00	4570.72	05/01/2009	04/30/2010
AS14	ADULT DAY SRVC-1/4 HR- LVL 1	0.00		0.00	0.00	05/01/2009	04/30/2010
AS24	ADULT DAY SRVC-1/4 HR- LVL 2	0.00		0.00	0.00	05/01/2009	04/30/2010
AS34	ADULT DAY SRVC-1/4 HR- LVL 3	0.00		0.00	0.00	05/01/2009	04/30/2010

View Planner | View ALL Planners

Unfinalize CCB? YES NO | CCB finalized? YES | WV Cmnt | eXit

The button also appears on the HCBC Srvs tab when you view the CCB.

When you click the button, the screen shown below will appear that lists all State Line budgets in DART for the client. Approved budgets are displayed in Green and cancelled budgets are displayed in Red.

Budget Status	Budget Type	Provider	Start Date	End Date	T
Approved	RLA	RESCARE, INC	05/01/2009	07/31/2009	0
Approved	RLA	RESCARE, INC	02/01/2009	04/30/2009	0
Approved	RLA	RESCARE, INC	11/01/2008	01/31/2009	0
Approved	RLA	RESCARE, INC	08/01/2008	10/31/2008	0
Approved	RLA	RESCARE, INC	05/01/2008	07/31/2008	0
Approved	RLA	RESCARE, INC	02/01/2008	04/30/2008	0
Approved	RLA	RESCARE, INC	11/01/2007	01/31/2008	0
Approved	RLA	RESCARE, INC	08/01/2007	10/31/2007	0
Approved	RLA	RESCARE, INC	07/01/2007	07/31/2007	5
Cancelled	Residential	RESCARE, INC	05/01/2007	06/30/2007	5
Approved	Residential	RESCARE, INC	02/01/2007	04/30/2007	5
Approved	Residential	RESCARE, INC	11/01/2006	01/31/2007	0
Approved	Residential	TLC SUPPORTED LIVING SERVICES, IN	05/01/2006	07/31/2006	0
Approved	Residential	TLC SUPPORTED LIVING SERVICES, IN	02/01/2006	04/30/2006	9
Approved	Residential	TLC SUPPORTED LIVING SERVICES, IN	11/01/2005	01/31/2006	9
Approved	Residential	TLC SUPPORTED LIVING SERVICES, IN	10/01/2005	10/31/2005	3

Exit